



CHESHIRE COUNTY COUNCIL.

EDUCATION DEPARTMENT.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1921,

BY

MEREDITH YOUNG,

M.D., D.P.H., D.S.Sc.

Of Lincoln's Inn, Barrister-at-Law,

Lecturer in School Hygiene, Victoria University of Manchester.



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County Medical Inspection Staff, 1921.

Chief Medical Officer:

MEREDITH YOUNG, M.D., D.P.H.,
(County Medical Officer of Health).

Assistant Medical Officers:

West Cheshire—R. L. LAWRENCE, M.D., D.P.H.

GLADYS RUSSELL, M.B., Ch.B. (as from May).

East Cheshire—ADA L. BARRETT, M.B., Ch.B.

North Cheshire—W. W. STACEY, M.D., D.P.H.

Followed by A. V. STOCKS, M.A., B.Ch. (Camb.),
M.B., Ch.B., D.P.H.

South Cheshire—W. J. McIVOR, B.A., M.B., B.Ch.,
D.P.H.

School Dentist—GEO. E. SMITH, L.D.S.

School Oculists—(LT. COL. F. E. MAYNARD *
(DR. AUBREY JELLY.*

* Part-time.

Health Visitors:

Thirty (whole-time) Health Visitors.

District Nurses:

Three (part-time).

Lecturer in Sick Nursing:

MISS HAWKES.

Chief Clerk:

VINCENT O'CONNOR
(Clerk to the County Medical Officer of Health).

Offices:

43, Foregate Street, Chester.

Telephone :—1017, CHESTER.

CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

*To the Chairman and Members
of the Cheshire Education Committee.*

LADIES AND GENTLEMEN,

I beg to present you with my Report on the Scheme of Medical Inspection of School Children for the year 1921.

There is nothing materially different in this Report to what is contained in its predecessors. The work has virtually got back to pre-war efficiency, but before the scheme can be called at all complete several gaps remain to be filled. The most urgent of these are:—

1. Extension of the Dental service;
2. Provision for the teaching and training of the mentally defective and the dull and backward;
3. Provision for the *earliest possible* treatment of crippling defects.

All these are in my opinion of equal importance but for reasons which are both potent and patent we cannot put them in hand.

When financial normality and stability has returned I feel sure that your Committee will view sympathetically any proposals to extend the scheme of Medical Inspection and treatment in these directions.

I have to thank your Committee and all those with whom the administration of this scheme has brought me in contact for assistance and co operation which has always been willingly accorded.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

MEREDITH YOUNG.

43, Foregate Street,
Chester,

May 15th, 1922.

CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER,

1921.

Co-ordination.

The School Medical service is co-ordinated with the other health services of the County Council though not so closely as in some County areas. The Health Visitors are engaged not only on the work of this service, but are also engaged on the Maternity and Child Welfare, Tuberculosis and Mental Deficiency Act schemes.

No Nursery Schools have yet been established. The care of debilitated children under school age is in the hands of the Maternity and Child Welfare Committee. This Committee has three cots in the West Kirby Convalescent Home for the treatment of such children.

School Hygiene.

Dr. A. V. Stocks (North Cheshire) reports as under on the schools in his area:—

“Surroundings. A number of the playgrounds have a rough surface, liable to lead to small injuries from broken asphalt or cinders. This was noted at some half dozen schools. In several cases the surface drainage was defective, leading to lodgement of water in pools.

“Ventilation. With few exceptions the available appliances are used to the full extent for ventilating purposes.

“Heating was noted as defective in three schools.

“Walls were in need of re-decoration at several schools.

“Flooring was noted as defective in four schools.

"*Letter or door sporting* was defective at two schools.

"*Desks* were reported on as unsuitable for infants at one school (Wincham).

"*Sanitary conveniences* were satisfactory, except at one school where there were not enough (Norley).

"*Water supply* was defective at one school (Mobberley): pump out of order.

"*Wash bowls* were insufficient in two schools (Lynn and Oughttrington). Towels were dirty at a few schools.

"*Cloakroom accommodation* was thought to be insufficient in one or two schools."

Dr. Gladys Russell, (South Cheshire), reports as follows:

"A 'follow-up' sanitary report was filled up of each school visited, which drew attention to any conditions requiring to be remedied.

"These mostly consisted of the bad state of the playgrounds, especially in rural districts, where they were usually muddy in winter and dusty in summer; of defects of lighting, heating, ventilation and cloakroom accommodation in the older buildings; of insufficient number of wash-basins and lack of soap; and of inadequate supply of toilet paper."

The attention of School Managers is always drawn to conditions requiring amendment and though prices still rule very high our suggestions are always most carefully considered and many improvements have been effected.

Medical Inspection.

The arrangements for medical inspection have not been materially varied during the year. The Statistical Tables at the end of this Report shew all details, but the following summary of examinations carried out is interesting:—

Routine Inspections	{	Entrants	...	...	8,263
		Intermediate Group (8 years old)	...	...	5,541
		Leavers	...	...	7,170
		Total	...	20,974	
Special Inspections	{	Special Cases	...	...	3,563
		Re-Examinations	...	...	936
No. of individual Children Examined					24,033

The Board's schedule of medical inspection has been followed. No special steps have been taken to secure the early ascertainment of crippling defects for the reason that the staff is fully employed on routine work and it is only very rarely possible for me to arrange for any of them to undertake anything outside this.

Every care is taken to avoid disturbing the ordinary school arrangements and with the cordial co-operation of Head Teachers which we have always experienced educational routine is hardly hampered at all by medical inspection.

Findings of Medical Inspection.

(a) *Uncleanliness.* It is gratifying to be able to report a diminution in the number of cases of this undesirable condition, the actual number of verminous cases being 1,080, or about 1 per cent. of the scholars examined. Surprise visits to schools are regularly paid by the Health Visitors and cases not being promptly and adequately dealt with by parents are reported to the School Attendance Officers for action under the School Attendance Bye-laws.

On this subject Dr. A. V. Stocks reports as follows:—

“Very few cases of actual vermin were discovered during the year, although nits are still to be found in numerous cases, (actually in 260 out of about 4,100 children examined, or about 6.3 per cent.)

“This latter figure may be taken to represent the situation fairly accurately in Northern Cheshire, and is better than in many parts of the kingdom. There is a very wide divergence in the figures between schools, and comparing the figures of schools dealing with the same class of child one is left with the conviction that much depends upon the personality and keenness of the Head Teacher in matters of hygiene. In many schools the energy with which these and similar matters are dealt with is most praiseworthy and medical inspection reveals the result of such work; but in other schools it is equally true that indifference prevails on matters of this kind and the children suffer as a result, as well as the general tone of the school.”

(b) *Minor Ailments.* It has not been practicable to establish any Treatment Centres for these cases for the reason that every possible expenditure has had to be kept down. Accommodation is available at the various Maternity and Child Welfare Centres, but the medical and nursing staff have no time to spare for this work and it is not yet the time to suggest augmentation of the existing staff.

(c) *Tonsils and Adenoids.* The number of cases discovered, was a large one, viz., 1,565. I share the opinion of I think the majority of those who have followed the results of operative treatment of these conditions that when operation for obstructing or septic tonsils is shewn to be necessary nothing but complete enucleation is of any value. Guillotines are obsolete and absolutely ineffective for the remedy of such a condition: it is more rational to trust to the *vis medicatrix Naturae* than to pare away a mere shaving of an organ which is probably diseased throughout its whole substance. At the same time there are cases where obstruction is not marked and where septic foci do not exist: in such cases we leave the question of operation over for 6 or 12 months and in quite a notable percentage of such cases it is found that Nature has effected a cure.

(d) *Tuberculosis.* In all only 41 cases of this disease were discovered, 24 of these being suspected pulmonary disease. Children suffering from or suspected of any tuberculous condition are referred to the Dispensaries for attention by the District Tuberculosis Officers. A few incipient or pre-tubercular cases are sent to the West Kirby Convalescent Home.

(e) *Skin Disease.* The cases of skin disease discovered included the following:—

Ringworm (Head)	...	...	...	81
.. (Body)	...	...	...	5
Scabies	...	...	...	65
Impetigo	...	...	...	189

(f) *External Eye Disease.* The conditions found on inspection included 127 cases of blepharitis and 42 of conjunctivitis.

An outbreak of muco-purulent conjunctivitis was reported to me in the Northwich Area by one of the School Oculists (Dr. G. A. Jelly), but a number of smears examined at the Laboratory here failed to establish the presence of typical Koch-Weeks' bacilli. Unfortunately we had not the means of making cultures.

(g) *Defective Vision.* There were no fewer than 2,551 cases of this description referred for treatment. Of these 279 were cases of squint and 2 of corneal ulceration. The number of cases of defective vision reported amounts to 10 per cent. of the children examined. From the figures at my disposal the number of myopes appears to increase with age, a fact which seems to indicate that amongst the conditions conducive to this form of defective vision school work as well as lighting and proper attitudes are to be carefully considered. Teachers can

help a very great deal in the prevention of eye strain and I believe most of them are fully alive to their responsibilities in this direction. I am still hoping for the day to come when it will be possible to standardise the type of letterpress in use in our schools and to suit it to the sight of children of different ages.

(h) *Ear Disease and Defective Hearing.* 119 cases of middle-ear disease and 72 of defective hearing were referred for treatment. As in the case of defective vision there is great scope for a teacher of discernment to assist children who suffer from a handicap in hearing. The treatment generally given for middle-ear disease (ear discharge) is far from satisfactory and cases drag on for months perhaps whereas with regular and properly administered treatment a week or two should result in a cure. When it is possible to commence Minor Treatment Centres this is one of the conditions to be brought under their ministration.

(i) *Dental Defects.* Here we have another record which is very saddening. With only one School Dentist and seven Clinics the total number of children found to require treatment was 1,495 and only 2,419 of these received attention--virtually one-half of those needing it. I reported on the need for a second School Dentist during the year and your Committee whilst entirely in sympathy with the proposal asked me not to press the matter until the beginning of the present year. At the time when I was about to ask your Committee to consider the matter again it was decided to cut down my 1922-3 estimates for the medical inspection service by £1,000. This at once put out of Court any hope that such a proposal was worth putting before you for consideration. I am more than sorry that this question has again had to be adjourned--indeed I would much prefer to economise in other directions if I could have the services of at least one more dentist. In many ways it would be a real economy for attention to the teeth would avert the onset of many maladies which at present are costing us more than the services of a dentist would.

(j) *Crippling Defects.* The total of these amounts to 76 and it includes the following:—

Rickets	...	...	...	9 cases.
Spinal Curvature	...	...	13	„
Other forms such as Talipes	...	...	51	„

The *early* treatment of these conditions is the only thing that matters. The saving of working capacity as far as practicable is the end to keep in view. That excellent results can be achieved is patent to all who have seen what can be done

by operation, orthopaedic manipulation and remedial exercises. But every day that the application of the remedy is delayed makes the task very much harder and the result less perfect. I am hoping for the development of a scheme on the lines of that which works so well in the neighbouring County of Shropshire.

(k) *Nervous System*. Under this heading we have referred for treatment 6 cases of epilepsy and 106 cases of chorea. Medical Inspectors differ a good deal, I find, in the items they rely upon for a diagnosis of chorea and many of them christen a condition chorea which most would only call slight nervous instability. The dividing line between the various tics and habit-spasms is a fairly clear one and no difficulty should be experienced here. But the initial symptoms of chorea coupled with their gradual onset do, I grant, make a diagnosis between chorea and nervousness no easy matter. An observant teacher has a better chance of diagnosing chorea than a Medical Inspector, for he usually starts off with a knowledge of the normal mental and physical characteristics of the child. If he should notice any child becoming unnaturally peevish, irritable, unrestful, excitable or emotional, especially when these mental conditions are associated with clumsiness, fidgettiness, shuffling or stumbling gait or general awkwardness of action he should begin to suspect chorea. Chorea is a dangerous illness not only for the affected child, but there is clearly a danger of what some writer has termed "psychic contagion" leading to school epidemics of pseudo-chorea.

Nervous Instability.

Dr. W. J. McIvor reported an unusually high percentage of this condition and after going through his figures I wrote to him on the matter asking for his explanation. His reply contains several points of interest and is worthy of quotation.

"Reference high percentage of *Nervous Instability* noted by me, on looking over my figures for the last ten months. I find the same percentage maintained in an astonishingly uniform fashion in large schools. Thus I have failed to find definite evidence of the epidemic form, though, thanks to your information, I shall be on the look out for it. As you suggest my standard of nervous instability in which I am specially interested is a high one, and the condition is difficult at times to classify.

"My classification of causation is roughly as follows in order of frequency:—

- (1) Eye-strain,
- (2) Age period, or temperament,
- (3) Chorea,

- (4) Recent illness (influenza).
- (5) Motor instability (mental).

"I was of opinion that among all children examined at Sandbach Council School, 10 per cent. showed definite chorea, generally of a chronic nature. Of these cases, 75 per cent. were poorly nourished, the majority showed nasopharyngeal infection, 50 per cent. had oral sepsis, 40 per cent. organic heart disease, and 30 per cent. anemia."

Infectious Disease.

No alteration has been made in the scheme I initiated many years ago for the detection and control of infectious disease in school children. Inter-notification is the keynote of the measures adopted—weekly returns to the District Medical Officer of Health, weekly and special returns to myself, special reports from School Attendance Officers, special inquiries by myself or my Assistants when the circumstances call for it—all these are employed and, speaking generally, I think they have proved effective. In a few instances where diphtheria has been concerned one of my Assistants has been detailed to swab all the suspicious children in a particular Class or Department.

A large number of schools have had to be closed because of the prevalence of influenza, measles, whooping-cough or chicken-pox. In few other infectious diseases is closure of schools practised, the exclusion of sufferers and contacts being all that is essential to control the spread of infection.

Following Up.

There is nothing to be added to what has been previously reported by me. The Health Visitor is informed of the defect, visits and advises, re-visits when necessary and reports results. When parents are obdurate Children Act notices are sent out, the local Inspector of the N.S.P.C.C. is advised and the School Attendance Officer is notified. No prosecution has been necessary for neglect to provide medical aid.

The whole of this work is done by the Council's own Health Visitors except in the districts of Middlewich and Heswall, where District Nurses carry it out in return for a small payment by your Committee.

Dr. A. V. Stocks reports that :—

"Notes of the names of defective children are kept so that at subsequent visits these can be rapidly re-examined with a view to noting treatment, if any, and its result, which is then entered upon the record card, thus supplementing the school nurse's following up work."

It has only been possible as yet to utilise these lists in a few cases as most of the schools have only been visited once this year."

Medical Treatment.

(a) *Tonsils and Adenoids.* Your Committee have continued the arrangements of previous years for the operative treatment of these conditions. A sum of £851 12s. 6d. was paid during the financial year 1921-22 in respect of these operations. Increased mental efficiency has been noted in the majority of cases thus treated to say nothing of improvement of actual physique. The relation of tonsillitis to rheumatism, heart disease and chorea is a matter which demands further investigation: probably this would shew that they are all children of the same parent.

The remarks of the Assistant School Medical Officers on this subject are somewhat apposite and are well illustrated by Dr. Ada Barrett's statement. All agree that enlarged tonsils and adenoids in school children are found in between 9 and 10 per cent. of the children examined.

Dr. Ada Barrett reports:—

"The presence of adenoids could often be inferred from the conspicuous symptoms, *e.g.*, the marked mouth-breathing; the characteristic facial expression, heavy, listless, stupid-looking; deafness with or without ear-discharge; nasal discharge; a history of fits, asthma, snoring during sleep, night terrors, recurring bronchitis, &c.; mental dullness, anemia, general debility and malnutrition not otherwise accounted for; chest deformity, &c. However the only precise method of determining their presence or absence, where practicable, is by a digital examination of the nasopharynx.

"Operation was not always deemed necessary; in the milder degrees the condition could be overcome by breathing exercises and the training of the child in correct habits of nasal respiration. Operation was advised where there was interference with respiration, middle ear affection, cervical adenitis, frequently recurring tonsillitis, or where there was a chronic follicular condition with pus in the crypts.

"The neglect of nasal hygiene is an important contributory factor to the presence of adenoids. Greater firmness requires to be exercised by teachers in inculcating proper habits of nasal hygiene as a normal part of the child's school training. In school these habits resolve themselves into two main considerations, namely, (1) training in the

use of the pocket handkerchief; (2) training in correct habits of nasal respiration."

(b) *Tuberculosis.* The cervical glands appear to be the most common situation for tuberculosis to be manifested in school children. Next in frequency come affections of the bones and joints. The pulmonary form is comparatively infrequent.

Treatment is given under the approved scheme of the Public Health Department. Some criticism of this Department has been brought forward during the year based on the grounds that children who were possibly in a pre-tubercular condition or suffering from defective physique and resistance were denied accessory foods such as cod-liver oil and malt at the Dispensaries. Whilst it is obvious that benefit would be derived by such children under an arrangement of this kind they unfortunately fell between two stools: they were not tuberculous and therefore could not be dealt with under the Council's Tuberculosis Scheme, and the Education Acts do not provide for the supply of malt and oil to weakly children in order to avert the onset of tuberculosis and other diseases—an omission which is frequently seen where watertight compartments are the rule.

(c) *Skin Disease.* These diseases appear to occur in the following order of frequency, viz., impetigo, ringworm, scabies, alopecia, eczema, psoriasis, acne, lupus, herpes, seborrhœa and erythema nodosum.

Ringworm is, I think, becoming rather less common probably because parents are coming to recognise it more readily. We still pursue the practice of sanctioning and even compelling the attendance at school of children suffering from ringworm of the scalp provided suitable treatment is being carried out and the child is wearing an adequate washable head covering in school. I have heard of no deleterious results from this practice though some School Medical Officers are still fearful of its adoption.

(d) *External Eye Disease.* Blepharitis (inflammation of the eyelids) continues to be the most commonly seen of these conditions and is found in from 2 to 2½ per cent. of the children examined. Owing to its prevalence I drew up the following slip, in consultation with the School Oculists, for circulation to parents:—

Sore Eye-lids. The edges of the eye-lids often become inflamed as the result of some feverish illness, or as the result of defective vision. At first there will be found a little redness of the edges of the eye-lids with some fine bran-like

scabs on the eye-lashes, and the child will suffer from blinking of the eyes. If the condition is not taken in hand the redness of the lids will increase, small crusts of inflammatory matter will form, small ulcers will begin to grow and later the eye-lashes may fall out, never to return. The inflammation may spread to the cheeks and forehead, causing eczema. The result will often be that the child will be left with ugly red tender eyes, always weeping.

The remedy is two fold :—

1. Cleanse the eyes morning and night by bathing with warm water and bicarbonate of soda—one teaspoonful of the latter in a pint of luke-warm water. After cleansing, smear the edges of the lids with a small amount of Golden Ointment.

2. Have the child's vision tested and suitable spectacles obtained. The School Oculist will do this if you will send word to me and spectacles will be supplied at a price you can afford to pay. Spectacles are not pretty things but they are better than ruined sight, which means that the child's chances in life will be spoiled.

(c) *Vision.* The arrangement sanctioned by your Committee and approved by the Board of Education for the utilisation of the part-time services of two Ophthalmic Surgeons has been continued. No fewer than 2,485 children were referred for refraction and of this number 1,751 were submitted to refraction, 1,409 under our own scheme, 276 by private practitioners or at Hospitals and 66 otherwise. Spectacles were prescribed in 1,120 cases and were obtained in 668 cases. No treatment was considered necessary in 450 children.

The same scheme of assisting parents to obtain spectacles for their children has been carried out as in previous years and a sum of £53 was paid by your Committee during the financial year 1921-22 to enable this provision to be made.

Dr. Ada Barrett reports as under :—

“Defective vision, including squint, was found to be present in 4 per cent. of the children. It was always found to have been a serious handicap to educational acquirement. It occasionally also resulted in such a degree of nervous exhaustion or of physical discomfort as not only to unfit the child for work demanding close mental application but also to produce a degree of physical injury.”

Dr. Stocks' remarks on the distribution of visual defect are also of interest :—

"Defects of vision (counting 6/12 or worse as a defect) range from as high as 30 per cent., 28 per cent., 25 per cent., 22 per cent., 21 per cent. in five of the largest Runcorn Schools to 20 per cent., 18 per cent., 17 per cent. and 14 per cent. in four of the largest schools in Northwich, 17 per cent. in Stockton Heath Schools, 16 per cent. in one of the largest Altrincham Schools, down to as low as 10 per cent. at Oughtrington, and 7 per cent. in Lymm.

"These figures are similar to those obtaining in the Secondary Schools in those districts, in that they show the same wide discrepancy according to the part of the County dealt with."

Lt.-Col. F. Maynard, one of the first Ophthalmic Surgeons to be appointed by your Committee, died during the year, and we thus lost the services of a most highly qualified, widely experienced, conscientious and valuable officer. Dr. G. Aubrey Jelly, his colleague, submits the following short report on the work done in his section of the County:—

"During the last 12 months the number of children attended to is as follows:—

Examined	...	...	...	...	1,286
Spectacles prescribed	...	...	...	...	497
Squints	...	...	...	...	205

"As regards these squints many have suffered several years before being seen by an Oculist and in these cases glasses will duly cure a certain number. These squints frequently develop in early infancy and the percentage of cures would be much higher if they were seen earlier. I would suggest that the mothers at the Child Welfare Centres be told the importance of early attention and recommended to bring such children to the Oculist even if the child has not begun to attend school.

"In October there was an extensive epidemic of 'pink eye' in Northwich. I saw 100 cases of this complaint but they all cleared up under treatment."

(f) *Ear Disease and Hearing.* Under this heading 191 children were referred for treatment and 87 were satisfactorily dealt with.

I quote Dr. Ada Barrett's remarks, which, though containing nothing new, are distinctly apposite and may help to keep the importance of the opinions she voices to the front:—

"Defective hearing is also a handicap to a child's education. The majority of cases seen arose from (a) plugging

of the external ear due to an excessive accumulation of wax, (b) disease of the middle ear, (c) obstruction of the eustachian tube by some catarrhal conditions of the nasopharynx and adenoids. Although it is true that a few cases of ear disease and deafness resulted from measles and scarlet fever, there were numerous cases which had no such origin. Those cases could probably be prevented to some extent by closer attention in the school and in the home to general atmospheric purity and to the cultivation of correct respiratory habits.

"Middle ear disease was found in 1 per cent. of the children. In the majority of the cases the discharging ears were quite neglected—the tale was usually that the discharge had gone on for months or years without any treatment or with only half hearted treatment at long intervals. When one reflects upon the serious results which follow if this condition is neglected, it is a matter for great surprise that there should be so much parental apathy in the treatment of this disease. The hearing is usually permanently damaged, but it may be that even the life of the child is seriously threatened."

There are 27 children attending certified schools for the deaf.

(g) *Dental Defects.* The School Dentist has inspected 3,929 children, out of which number 3,495 were referred for treatment. In 1,939 cases treatment was accepted. There were 3,981 attendances at the several Clinics and the work done thereat may be summarised as under:—

Permanent Teeth	{	Extractions	...	604
	{	Fillings	...	589
Temporary Teeth	{	Extractions	...	4,853
	{	Fillings	...	163

General anaesthetics were administered in 194 instances. In 611 cases permanent teeth were scaled or dressed.

Mr. Whitworth, L.D.S., your School Dentist, reports as follows on the conditions found by him during the period he has been at work:—

"*Cleanliness of the Teeth.* This I find lacking in the majority of the schools which I have visited and inspected. In some cases they are taught to clean the teeth, but where this is done and then the teaching is stopped, I find that they also stop cleaning the teeth. In schools where teaching has been given the teeth generally are in a better condition and the oral sepsis is not so marked. In one school inspected

recently, in the boys who numbered about 280, over 260 required dental treatment. In the afternoon when all the boys were in the hall I asked for permission to address them. The first question I asked them was how many cleaned their teeth every day. There were not more than a dozen hands held up. This probably accounted for the amount of treatment required. I think it would do a great amount of good if some teaching could be organised whereby all the children could be taught why they ought to clean their teeth. If the Education Committee wish it I could speak to all children inspected for a few minutes after I have finished my inspection.

“Treatment of Children living some distance from the Centres.” The different Nurses at the Centres tell me that in the outside districts they have cases which require urgent treatment but whose parents cannot afford to send them to the Centres. Dr. Stocks has also told me of different schools where treatment ought to be done but where the conditions are as above. I think the only way to overcome this difficulty is to have the portable equipment which I suggested to you some time ago. This matter will have to stand over until such time as the Committee can see their way to sanction the expenditure.

“Supply of Cleaning Material.” This was suggested to me by one of the Nurses at a Centre. The idea was to get and to sell from the Centres tooth brushes at a reduced figure for the benefit of the poorer classes. In a Dental Journal some time ago I read of one Centre where this was done and the writer was of the opinion that it had been of good service. Some of the Dental Tooth Paste Manufacturers I am certain would send on a good supply of sample tubes of pastes and would probably supply the paste at a reduced figure. I make this as a suggestion and would like your opinion in the matter. Perhaps it could be discussed at a Conference of Nurses where their opinion would be very valuable as they come in contact with the homes of the children.

“Dental Dressers.” I am not of the opinion that these would be of any benefit in this County.”

Dr. Ada Barrett writes as follows on this subject:—

“An overwhelming amount of dental disease is still to be found among the children. Over 13 per cent. of the children examined had more than four carious teeth; so that every effort should be made, both by active advice to the parents and by practical instruction to the children to secure attention to the affected teeth, and promote habits of mouth and tooth cleansing. There would not appear to be any

reason why practical instruction in oral hygiene should not be one part of a child's education."

The Board of Education advise that general anaesthetics such as nitrous oxide gas should be administered by one of the Education Authority's Medical Officers or some other qualified practitioner, though in the case of this gas they sanction one Dentist administering it for the Dentist who is operating. It is difficult to see why this should be made the rule when we have Dentists, qualified and unqualified, all over the country giving gas daily without medical supervision or assistance. One can only assume that this policy has been adopted in order that the Board may be "on the safe side." I cannot carry it out without detailing one of the Medical Inspectors to be practically in constant attendance on the one School Dentist on my staff and therefore it has not been carried out. The use of gas is avoided as much as possible, a local anaesthetic being used, though with anæmic children cocaine has to be used with very great care.

Dr. Melvor makes the following comments and it may be noted that the percentage number of children found by him to have four or more carious teeth is less than half Dr. Ada Barrett's percentage:—

"There were many cases of dental caries under this heading, none of which are included in the figures in the numbers mentioned above under dental caries.

"In many cases of sepsis there appeared to be no decayed teeth. All cases of sepsis work out at 7 per cent. of the whole number examined and the number of children with four or more teeth carious at 6 per cent. However, in some schools, oral sepsis was so general, as to suggest epidemic causes, *e.g.*, in Nantwich in November, 1921, the percentage I recorded was 30 per cent. The epidemic causes were far flung, for schools as far apart as Siddington and Davenham were similarly affected that month: influenza is suggested as its origin."

(2) *Enlarged Glands.* Dr. Ada Barrett reports:—

"Slight degrees of enlargement of the lymphatic glands of the neck were found to be extremely common, *i.e.*, in about 6 per cent. of the children examined. In most cases the glandular swelling had a direct connection with a septic condition of the teeth, of the throat, and of the scalp. In only a few cases did it appear to be the result of a primary infection such as tuberculosis."

(3) *Thyroid Gland.* Dr. W. J. Melvor writes:—

"Slightly enlarged thyroid glands are normal in this area among children of superior nutrition, especially the older ones; the diet, environment, &c., producing this condition being apparently antagonistic to infection of tonsils, presence of adenoids, or adenitis in general. The numbers noted work out at 15 per cent. In addition 1.3 per cent. of moderately enlarged thyroid glands were noted. Some of the latter are examples of hyperthyroidism. A toxic cause for this condition was apparent on 12 occasions (or 0.25 per cent.) by the presence of oral sepsis."

(h) *Crippling Defects.* Nearly one-half of these are caused by tuberculosis and the balance by infantile paralysis and rickets, together with accidents and congenital causes. This subject is briefly dealt with earlier in this Report.

(i) *Other Conditions.*

(1) *Chorea.* Dr. W. J. Melvor writes as under on this condition:—

"Stated on high authority to be the chief cause of organic heart disease (but not diagnosed in the presence of the latter necessarily, unless the typical nervous instability accompanied it), 10 per cent. among all examined either were suffering from chorea or appeared to have already done so; in the latter case parents at times gave a definite history of the fact, and in others the continued presence of instability, coupled with a history of rheumatic fever, helped the diagnosis.

"The nervous instability due to eye-strain especially, and to other sources of irritation, needs, in my opinion, careful differentiation from chorea.

"The following symptoms and physical signs appeared most frequently to accompany chorea:—

- (1) The nervous instability, *e.g.*, the typical tongue movements, and often in addition those of the body, besides the nervous disposition, complicated at other times by the presence of habit-spasms
- (2) The poor nutrition: 40 per cent. were considered below normal.
- (3) Anæmia. 30 per cent. showed more or less.
- (4) Naso-pharyngeal troubles, including infected tonsils and adenoids, (very common, but figures unreliable in absence of bacteriological evidence).
- (5) Oral sepsis: among all cases of chorea, 15 per cent. were noted.

(6) Organic heart disease : about 16 per cent. were considered to be affected.

"Nos. 4 and 5 would appear to supply a point of entry for the virus, or a combination of both, which is not uncommon."

(j) *Uncleanliness.* The Health Visitors have made inspections of 123,206 children during the year. Out of this number 3,896 were found to have verminous heads, or about 3.25 per cent.

We have no special arrangements for cleansing, *i.e.*, no cleansing stations. Although in a number of instances we have come near to prosecution for neglect of this condition it has not been necessary to take any parent into Court.

The average number of visits to schools for "hair raids" has been 3.5 per annum, *i.e.*, about one in every three months. Some schools are naturally visited more often than others.

Dr. Ada Barrett reports on this matter as follows :—

"Satisfaction has to be expressed with the improvement that appears to be taking place in the personal cleanliness of the children. There still remains, however, some room for improvement in practically every locality, and unfortunately the facts revealed at the routine inspection by no means represent the true state of affairs, for as intimation of inspection is sent to the parents, the children are often specially prepared for inspection, and in these circumstances many children are passed as clean that are not normally so. Nits and flea bites were found to be present in 6 per cent. of the children, and in .1 per cent. body lice were found.

"The number of unclean and verminous children varies in different localities and seems to bear a distinct relation to the nature of the occupations engaged in, *e.g.*, Ellesmere Port and Neston versus County schools in agricultural districts."

Provision of Meals.

I have been consulted on the question of the presence and extent of signs of malnutrition and as to dietary scales for Centres at which free meals were being or were about to be dispensed. The arrangements made appeared to me to be suitable and adequate.

School Baths.

A considerable number of children are examined annually

for fitness to receive swimming instruction. It is not found necessary to deny this great privilege to many children.

Co-operation of Parents.

Dr. A. V. Stocks reports on this that :—

“Except in a few areas (and these chiefly rural) the *co operation of parents* in the work and their interest in it is of the greatest assistance and adds to the pleasure of the work. Not a few express their appreciation, and the numbers of parents attending in the urban areas shows the interest taken. Over 1,100 parents were interviewed during the year, a parent being present in 27 per cent. of the cases examined.”

Dr. Ada Barrett states that :—

“The attendance of parents is improving, especially in the case of the younger children, but it varied considerably—in some cases not one mother was present, while in others the majority attended. The main purposes of medical inspection may fail to be realised unless the interest of the parents is stimulated, and their co-operation sympathetically enlisted. The Medical Officer can then be furnished with useful information on the history of the child, and the fact of being able to demonstrate the defect and of explaining to the mother the benefits to be accrued by having it remedied, goes far towards its accomplishment. There is also the advantage to be taken of the opportunity to direct the attention of the parent to important points in the home and personal hygiene of the child.”

Co-operation of Teachers.

All the Medical Inspectors speak very highly of the assistance afforded by Teachers and in the views expressed by them I heartily concur. I quote the remarks of two of them.

(Dr. Ada Barrett).

“In most cases the teachers have done their best to carry out the instructions given them in the circular regarding the scheme of medical inspection, so that on arrival at the school everything was found ready, the parents notified and given a definite hour for attendance, and the selected children's record cards duly filled up as regards the entry of names, &c., and the first seven items on reverse side of card. This involves a large amount of labour, and I gratefully acknowledge the help the various teachers in this area so willingly rendered.

“There is pleasing evidence in the teaching profession

of a growing interest in the physical condition of school children, and as in practically every case the defects found interfere with the child's educational progress, and their amelioration directly concerns the teacher, they usually aid in ensuring that the child receives treatment. Upon the teachers falls the duty of selecting the majority of special cases for examination, and their discharge of this duty leaves little to be desired. At the actual visit, especially with the infants, and where parents do not attend, a large amount of work devolves on the teachers in undressing and dressing the children; and seeing for themselves the physical condition and physical defects of the child, a greater interest is aroused."

(Dr. A. V. Stocks).

"The co-operation of Teachers has throughout been most helpful in every way. Their judicious selection of 'special' cases and their knowledge of and observations upon particular children have been of the greatest service.

"Many of the Head Teachers take a very real interest in the medical inspection and in all that appertains to the physical welfare of the children.

"In all but a very few cases the arrangements made for the inspection have been admirable and the programme has worked smoothly."

Co-operation of School Attendance Officers.

These officials have rendered valuable service in following up obstinate cases particularly of uncleanness and in keeping me acquainted with the progress of infectious disease.

Mentally Defective Children.

During the year 98 feeble-minded children and three imbeciles were found in attendance at Elementary Schools. In addition 20 feeble-minded children are attending Certified Schools. Many other children of abnormal mentality are known to us. The problem of dealing with them is a large and exceedingly difficult one and cannot possibly be solved with the institutional accommodation at present available.

The dull and backward children form another group altogether and the problem in their case is almost as hopeless of solution though teachers are doing all they can to devote special attention to them.

Nursery Schools.

There are none in the County.

Employment of Children and Young Persons.

Children are usually employed here for the delivery of milk and newspapers, picking potatoes and the like. For the purpose of granting medical certificates I have arranged with Dr. Peyton, County Tuberculosis Officer, that when my Assistants cannot examine for this purpose his District Tuberculosis Officers will see the children at one or other of his Dispensaries.

Special Inquiries.

The staff at my disposal does not consist of many special investigations being made though one would for various reasons like to initiate some. Outbreaks of disease are frequently made the subject of special inquiry on the spot by myself or my Assistants.

Miscellaneous Work.

As in previous years a number of scholarship candidates and a few teachers have been examined by my staff.

Statistical Tables.

These are appended to the Report. The outstanding facts contained in them have been commented upon.

Secondary Schools.

All the schools of this class have been taken into the scheme for medical inspection of the County and the following is a list of those dealt with during the year :—

- (1) Secondary Schools in regard to which the Authority have a statutory obligation to inspect :—

Altrincham County High School for Boys.
 Altrincham County High School for Girls.
 Calday Grange Grammar.
 Crewe County Secondary.
 Hyde County.
 Macclesfield County High School for Girls.
 Nantwich and Acton Grammar.
 Runcorn County.
 Sale County High School for Girls.
 West Kirby County High School for Girls.

- (2) Secondary Schools that have requested the Authority to conduct the medical inspection :—

Lymm Grammar.
 Macclesfield Grammar.
 Sandbach Grammar.

The girls' schools are inspected by the Lady Assistant Medical Officers.

The pupils of these schools shew, as would be expected, a greater freedom from medical defects than the children of Elementary Schools. The attention given by parents to any defect is also prompt and effective. Hardly any defects remain untreated within a week or two of notification to the parents.

The defects chiefly in evidence were dental disease, defective vision, adenoid hypertrophy and anaemia. The last-named is, so far as I have been able to get information up to now, rather more in evidence in Secondary Schools than in Elementary Schools.

The co-operation of teachers and parents has been universally good and helpful.

I append a special report by Dr. A. V. Stocks on the Secondary Schools examined by him in which a number of interesting findings appear.

The usual Statistical Tables are appended.

Report by Dr. A. V. Stocks on the Medical Inspection of Secondary School Entrants examined between May 1st and November 30th, 1921.

"1. The entrants examined numbered 328, and were all boys. Of these 88 were found to have *no defects*, that is to say 27 per cent. (For the purpose of these figures one carious tooth is counted as a defect).

"It is of interest to compare this figure with that quoted by Dr. Morison, School Medical Officer, Cumberland, on page 28 of the Report of the Medical Officer to the Board of Education, 1920. Dr. Morison examined 1,461 Secondary School children and found 369 without any defect, or 25 per cent. (It should be noted that his figures are for both sexes and are not confined to entrants).

"2. The comparative figures for the six Schools visited are as follows:—

School.	Number Examined.	Number of Boys without Defect.		Per-centage.
Macclesfield Grammar ...	145	...	35	24
Calday Grange Grammar	57	...	17	30
Altrincham County High	48	...	17	35·4
Hyde County ...	36	...	6	16·7
Runcorn Secondary ...	25	...	4	16
Lynn Grammar ...	17	..	9	53

"The variation in the percentage is considerable; it should be noted that Lymm for example draws most of its boys from rural areas, whereas Hyde chiefly draws from urban areas. This may explain to some extent the wide discrepancy in their respective figures.

"3. DEFECTS.

Vision. For this purpose are included only those whose sight was 6/12 or worse in one or both eyes, and who were not provided with glasses. Total defective, 21 out of 328, or 6.4 per cent.

The figures for the schools, for the sake of comparison, are :—

Macclesfield	...	9 out of 145, or	6.2 per cent.
Calday Grange	..	6 " 57, "	10.5 "
Altrincham	...	1 " 48, "	2 "
Hyde	...	1 " 36, "	2.8 "
Runcorn	...	3 " 25, "	12 "
Lymm	...	1 " 17, "	6 "

Runcorn compares in this respect unfavourably with the other schools: this may be connected with the undoubted prevalence of bad defects of vision in Runcorn Elementary Schools, which I have noted and have called attention to.

Teeth. For the purpose of these figures the teeth are called 'defective' when less than four are carious and there is no sepsis, &c.; they are called 'very defective' when four or more are carious, or sepsis is present.

Number of boys with defective teeth, 137, or 42 per cent. Number of boys with very defective teeth, 17, or 5.25 per cent.

(Dr. Morison's figures for Cumberland are 'defective,' 47 per cent., 'very defective,' 7.5 per cent., both higher than the Cheshire figures).

School.	Percentage of Entrants with Defective Teeth.	Percentage of Entrants with very Defective Teeth.
Macclesfield	...	41 ... 5
Calday Grange	...	37 ... 3.5
Altrincham	...	37.5 ... 12.5
Hyde	...	58 ... 3
Runcorn	...	49 ... 4
Lymm	...	30 ... nil.

Altrincham and Hyde are the most unsatisfactory in this respect.

Tonsils and Adenoids. Enlargement of the tonsils,

slight or otherwise, was found in 55 cases, the majority of which required no treatment, in fact only five were referred for it. The latter figure gives a percentage of 1.6.

Dr. Morrison's figure is 28 referred for treatment out of 1,464, or 2 per cent., practically the same.

Glands. Palpable glands were present in 12 per cent. of the boys examined, being most prevalent at the Macclesfield and Runcorn Schools.

Enlarged tonsils were found to be twice as prevalent at Hyde and Runcorn as at the remaining Schools.

Spinal Curvature. This was noted in 12 cases, or 3.3 per cent., and was almost entirely confined to two Schools, Hyde and Macclesfield.

Hearing Defects. Ten boys were found to have some defect of hearing, or 3 per cent.

Heart. Four, or 1.2 per cent. All functional.

Lungs. Three, or 1 per cent. approximate.

Deformities. Three, or 1 per cent.

Rupture. Two cases only.

Speech Defects. Present in eight cases, or 2.5 per cent.

Enlargement of Thyroid in four cases, or 1.2 per cent.

External Eye Disease. Only one case.

"4. A comparison with the figures of the Board of Education Annual Report for 1920 for the whole of the Secondary Schools in the country:—

Defect.	Board's Report.	Entrants in 6 Boys' Secondary Schools in Cheshire.
Vision ...	9.61 per cent.	... 6.4 per cent.
Hearing and Ear ...	1.88 "	... 3.0 "
Tonsils and Adenoids	2.63 "	... 1.6 "
Heart Disease—		
Functional ...	1.27 "	... 1.2 "
Spinal Curvature ...	1.11 "	... 3.3 "
Other Deformities...	2.72 "	... 1.6 "
		(Including Rupture.)

Dr. Ada Barrett reports:—

"The general standard of health among the children attending the Secondary Schools was much superior to that of those attending Elementary Schools. General cleanliness was of a high order and the nutrition excellent. The teeth

all showed a good state of preservation and evidence of being well looked after.

“The majority of the parents attended the inspection, and willingly agreed to immediately consult their own doctors to have any defect found remedied.”

Dr. McIvor reports as under on the superior health and physique found at the examination during the past year among the boys about to leave as compared with that of the entrants:

“The obvious fallacies are:—

- (1) The comparatively small numbers of both classes, about 250 all told, numbers of each almost equal.
- (2) That the same identical boys are not traced through their career at these schools.

“Both sources of error can only be remedied by the lapse of time. As it is, there is evidence that the entrants of to-day are even better nourished than those of five and six years ago which the *present* ‘leavers’ largely were.

“It is convenient to compare these two classes under several headings:—

Vision. Defective eyesight uncorrected by glasses was twice as frequent among the entrants.

Nutrition. Entrants showed three times as many children poorly nourished or having less than average physique. —Also, 60 per cent. of ‘leavers’ were found to be above normal nutrition, whereas 30 per cent. only of the entrants were so considered.

Anæmia. Of the number of cases noticed (always of a rather mild degree) the leavers had less than one-half as many.

Nervous Instability. This while frequent among the beginners was down 75 per cent. (compare ‘vision’—probably the chief source).

Chorea. A few were found among the new-comers, none among the others.

Round Shoulders. 60 per cent. were cured (compare vision, &c.)

Teeth. 90 per cent. of both classes appeared sound, or had careful dental attention.

Oral Sepsis. 20 per cent. among all appeared to have ‘gingivitis,’ apart from the presence or not of sound teeth. For some reason the leavers showed twice as many cases as

the others: all were of a rather mild degree, but unmistakable. I attribute the cause to be of an epidemic nature, say the sequelæ of influenza.

Adenitis. Among leavers, the absence of enlargement of glands was noticeable.

Table I.—Shewing Numbers of Children Examined
at different Ages.

Ages ...	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Grand Total.
Boys ...	—	2	2	5	10	18	32	47	123	147	70	17	15	13	4	6	516
Girls ...	1	1	33	39	12	16	19	43	83	94	33	4	3	1	—	—	336
Totals	1	3	41	37	22	34	51	95	211	241	103	21	18	14	4	6	902

Table II.—Shewing Nature of Defects referred for Treatment and Cases where Defects were Remedied.

				Referred for Treatment.		Received Treatment.
Malnutrition	...	...	...	—	...	—
Uncleanliness—						
Head	...	...	...	8	...	8
Body	...	...	...	—	...	—
Skin—						
Ringworm—						
Head	...	...	...	—	...	—
Body	...	...	...	—	...	—
Scabies	...	...	...	—	...	—
Impetigo	...	...	...	—	...	—
Other Disease	...	...	...	—	...	—
Eye—						
Defective Vision or Squint	...	...	...	45	...	36
External Eye Disease	...	...	...	5	...	5
Ear—						
Defective Hearing	...	...	...	1	...	—
Ear Disease	...	...	...	5	...	4
Teeth—						
Dental Disease (more than 4 carious)				41	...	33
Nose and Throat—						
Enlarged Tonsils	...	...	...	8	...	6
Adenoids	...	...	...	22	...	17
Tonsils and Adenoids	...	...	...	6	...	4
Defective Speech	...	...	...	—	...	—
Heart and Circulation—						
Heart Disease—						
Organic	...	...	...	3	...	3
Functional	...	...	...	—	...	—
Anemia	...	...	...	34	...	27
Lungs—						
Pulmonary Tuberculosis—						
Definite	...	...	...	—	...	—
Suspected	...	...	...	—	...	—
Chronic Bronchitis	...	...	...	7	...	5
Other Disease	...	...	...	—	...	—
Nervous System—						
Epilepsy	...	...	...	—	...	—
Chorea	...	...	...	5	...	4
Other Disease	...	...	...	—	...	—
Non-Pulmonary Tuberculosis—						
Glands	...	...	...	4	...	4
Bones and Joints	...	...	...	—	...	—
Other Forms	...	...	...	—	...	—
Rickets	...	...	...	—	...	—
Deformities	...	...	...	11	...	9
Other Defects or Diseases	...	...	...	4	...	4

APPENDIX.

GENERAL STATISTICS.

Number of Schools in the Area	...	...	341
Number of Departments	...	...	443
Average number on Rolls	...	...	62051
Average number in attendance	..	...	54912
Acreage	...	...	625203
Estimated Population (Registrar-General, 1922)	...	...	456312
Assessable Value (Elementary Education Area)	...	...	£2,981,962
Elementary Education Rate	...	...	2/-
Penny Rate produces	...	...	£12,400

MEDICAL INSPECTION OF SCHOOL CHILDREN.

PAYMENTS AND RECEIPTS FOR YEAR ENDED 31ST MARCH, 1922.

PAYMENTS—

Salaries	£	s.	d.	£	s.	d.
School Medical Officer (proportion) ...	264	7	6			
Assistant School Medical Officers ...	1023	2	6			
Specialist Officers ...	1012	8	6			
School Nurses ...	1431	3	0			
Clerical Assistance ...	428	10	2			
				5024	11	8
Traveling Expenses ...				1147	13	6
Printing, Stationery, Postage, &c. ...				239	5	4
Drugs, Materials, &c. ...				31	2	0
Apparatus ...				246	2	10
Provision of Spectacles ...				53	6	4
Contributions to External Bodies ...				527	6	6
Maintenance of Premises ...				52	16	3
Other Expenses—						
Miscellaneous ...	16	12	3			
Advertising ...	8	14	6			
Operation Fees to Doctors ...	344	13	6			
				370	5	3
				£7742	9	10

RECEIPTS—

Dental Clinic Fees ...	62	5	0
Contributions re Tonsils and Adenoid Operations ...	32	6	6
	£94	11	6

Table I.—Number of Children Inspected 1st January, 1921, to 31st December, 1921.

(B.) Special Inspections.

(A.) Routine Medical Inspection.

Ages.	ENTRANTS.					Inter- mediate Group.	LEAVERS.				Grand Total.	Special Cases.	Re-examina- tions (i.e. No. of Children Re- examined)
	3	4	5	6	Other Total. Ages.		12	13	14	Other Total. Ages.			
Boys ...	134	700	1706	1161	430	4131	2301	1184	141	93	3719	1995	516
Girls ..	118	606	1723	1183	502	4132	1963	1052	113	323	3451	1568	420
Totals...	252	1306	3429	2344	932	8263	4264	2236	254	416	7170	3563	936

(r) Total Number of individual Children inspected by the Medical Officer, whether as Routine or Special Cases—24033.

Table II.—Return of Defects found in the course of
Medical Inspections in 1921.

DEFECT OR DISEASE.	ROUTINE INSPECTION		SELECTIONS.	
	Number Referred for Treatment.		Number Referred for Treatment.	
MALNUTRITION	...	74	...	42
UNCLEANLINESS—
Head	...	799	...	197
Body	...	69	...	15
SKIN—
Ringworm—
Head	...	61	...	20
Body	...	2	...	3
Scabies	...	43	...	22
Impetigo	...	121	...	66
Other Diseases (non-Tubercular)	...	4	...	3
EYE—
Blepharitis	...	42	...	85
Conjunctivitis	...	19	...	23
Keratitis	...	—	...	—
Corneal Ulcer	...	2	...	—
Corneal Opacities	...	—	...	—
Defective Vision	...	1288	...	918
Squint	...	24	...	253
Other Conditions	...	—	...	—
EAR—
Defective Hearing	...	49	...	23
Otitis Media	...	77	...	42
NOSE AND THROAT—
Enlarged Tonsils	...	191	...	113
Adenoids	...	199	...	84
Enlarged Tonsils & Adenoids	...	756	...	222
Other Conditions	...	—	...	—
Enlarged Cervical Glands (Non-Tubercular)	...	11	...	8
DEFECTIVE SPEECH	...	5	...	7
TEETH—
Dental Diseases	...	1343	...	225
HEART AND CIRCULATION—
Heart Disease—
Organic	...	25	...	13
Functional	...	6	...	4
Anemia	...	73	...	19
LUNGS—
Bronchitis	...	31	...	10
Other Non-Tubercular Diseases	...	—	...	—
TUBERCULOSIS—
Pulmonary—
Definite	...	2	...	1
Suspected	...	16	...	8
Non-pulmonary—
Glands	...	3	...	—
Spine	...	—	...	1
Hip	...	—	...	2
Other Bones and Joints	...	3	...	1
Skin	...	—	...	2
Other Forms	...	1	...	1
NERVOUS SYSTEM—
Epilepsy	...	4	...	2
Chorea	...	81	...	25
Other Conditions	...	4	...	2
DEFORMITIES—
Rickets	...	6	...	3
Spinal Curvature	...	8	...	5
Other Forms	...	21	...	33
OTHER DEFECTS AND DISEASES	...	86	...	21

Number of individual Children having defects which required treatment—7077

TABLE III.—Numerical Return of all Exceptional Children in the Area in 1921.

			Boys.	Girls.	Total.
BLIND					
(Including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	2	3	5
	Attending Certified Schools for the Blind	...	11	8	19
	Not at School	...	2	1	3
DEAF & DUMB					
(Including partially Deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	8	4	12
	Attending Certified Schools for the Deaf	...	12	15	27
	Not at School	...	2	3	5
MENTALLY DEFICIENT					
Pecble Minded	Attending Public Elementary Schools	...	61	37	98
	Attending Certified Schools for Mentally Defective Children..	10	10	20	
	Notified to the Local (Control) Authority by Local Education Authority during Year...				
	Not at School	...	22	17	39
Imbeciles	At School (notified)	...	1	2	3
	Not at School (notified)	...	35	26	57
Idiots	Notified	...	8	7	15
EPILEPTICS					
	Attending Public Elementary Schools	...	14	12	26
	Attending Certified Schools for Epileptics	...	—	2	2
	In Institutions other than Certified Schools	...	—	—	—
	Not at School	...	3	3	6
Pulmonary Tuberculosis	Attending Public Elementary Schools	...	18	17	35
	Attending Certified Schools for Physically Defective Children	...	—	—	—
	Not at School	...	4	3	7
PHYSICALLY DEFECTIVE					
Crippling due to Tuberculosis	Attending Public Elementary Schools	...	12	15	27
	Attending Certified Schools for Physically Defective Children	...	—	—	—
	In Institutions other than Certified Schools	...	—	—	—
	Not at School	...	7	6	13
Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	...	64	40	104
	Attending Certified Schools for Physically Defective Children	...	7	8	15
	In Institutions other than Certified Schools	...	—	—	—
	Not at School	...	18	11	29
Other physical defectives e.g., delicate and other Children suitable for admission to Open-Air Schools; Children suffering from severe Heart Disease.	Attending Public Elementary Schools	...	186	201	387
	Attending Open-Air Schools	...	—	—	—
	Attending Certified Schools for Physically Defective Children	...	8	7	15
	Not at School	...	21	16	37
Dull or backward	Retarded 2 years	...	...	(no reliable figures)	
	Retarded 3 years	...	...

TABLE IV.--Treatment of Defects of Children during 1921.

A. Treatment of Minor Ailments.

Disease or Defect.		Number of Children.			Total.
		Referred for Treatment.	Under Local Education Authority's Scheme.	Otherwise.	
SKIN.	Ringworm—Head ...	81	—	60	60
	Ringworm—Body ...	5	—	5	5
	Scabies ...	65	—	53	53
	Impetigo ...	189	—	157	157
	Minor Injuries ...	—	—	—	—
	Other Skin Disease ...	7	—	5	5
EAR DISEASE ...		191	—	87	87
EYE DISEASE (external & other)		171	115	34	149
		709	115	401	516

B. Treatment of Visual Defect.

Number of Children.									
Referred for Refraction	Submitted to Refraction.				For whom Glasses were prescribed	For whom Glasses were provided	Recommended for Treatment other than Glasses	Received other forms of Treatment	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital	Other-wise.	Total.					
2435	1409	270	66	1751	1120	668	181	105	450

C. Treatment of Defects of Nose and Throat.

Number of Children.				
Referred for Treatment.	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
1565	278	150	428	207

TABLE IV. (continued). D.—Treatment of Dental Defects.

1. Number of Children dealt with.

	Age Groups.										Total
	5	6	7	8	9	10	11	12	13	14	
(a) Inspected by Dentist ...	50	122	448	647	650	505	498	400	461	139	3929
(b) Referred for Treatment ...	32	83	337	585	532	463	454	325	406	112	3495
(c) Treatment accepted ...	21	71	152	311	380	293	213	227	128	73	1939
(d) Presented for Treatment	21	71	152	311	380	293	213	227	128	73	1939

2. Particulars of time given and of operations undertaken.

No. of half days devoted to Inspection	No. of half days devoted to Treatment	Total No. of attendances made by the Children at the Clinic	No. of Permanent Teeth.		No. of Temporary Teeth		Total No. of Fillings.	No. of Administrations of General Anæsthetics included in (4) & (6)	No. of other Operations.		
			Ex-tracted	Filled	Ex-tracted	Filled			Per-manent Teeth.	Tem-porary Teeth.	Silver Nitrate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
38	434	3981	604	589	4836	163	752	194	168	473	26

E.—Treatment of Uncleanliness.

- (a) Average number of visits per annum made by the School Nurses to each School ... 3.5
- (b) Total number of Examinations made of Children by School Nurses in the year in the Schools ... 123,206
- (c) Number of individual Children found unclean (verminous heads) ... 3,896
- (d) Arrangements made by the Authority for cleansing and number of Children cleansed under these arrangements ... Nil.
- (e) Record of Legal Proceedings taken under the Children Act, 1908, or the School Attendance Bye-laws ... Nil.

TABLE V. - Summary of Treatment of Defects as shown in Table IV. (A, B, C, D & F, but excluding E).

Disease or Defect.	Referred for Treatment.	Number of Children Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	706	11	401	516
Visual Defect	2035	432	341	773
Defects of Nose and Throat	1565	275	357	635
Dental Defects	4145	1909	430	2419
Other Defects (including Uncleanliness)	1745	..	1278	1278
TOTAL	10749	2764	2157	5621

* Inclusive of examinations by School Dentist.

TABLE VI. Summary relating to Children Medically Inspected at the Routine Inspections during the year 1921.

(1) The total number of children Medically Inspected at the routine inspections	21910
(2) The number of children in (1) suffering from	
Malnutrition (grave cases)	74
Skin Disease	231
Defective Vision (including Squint)	1312
Eye Disease	63
Defective Hearing	49
Ear Disease	77
Nose and Throat Disease	1146
Enlarged Cervical Glands (Non-tubercular)	11
Defective Speech	5
Dental Disease	1343
Heart Disease—	
Organic	25
Functional	6
Anæmia	73
Lung Disease (Non-tubercular)	31
Tuberculosis—	
Pulmonary { Definite	2
{ Suspected	16
Non-pulmonary	7
Disease of the Nervous System	39
Deformities	35
Other defects and diseases	85
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ..	4263
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	2003

